



**State of West Virginia
Department of Revenue
Alcohol Beverage Control Administration
900 Pennsylvania Avenue, 4th Floor
Charleston, WV 25302**

INSTRUCTIONS FOR COMPLETING APPLICATION FOR RETAIL LICENSE - ON PREMISE

PLEASE READ ALL INSTRUCTIONS CAREFULLY. ALL QUESTIONS ARE TO BE ANSWERED IN FULL. APPLICANT'S ACCURACY AND THOROUGHNESS IN COMPLETING THE APPLICATION FORM WILL ASSIST THIS OFFICE IN PROCESSING THE APPLICATION AND PREVENT UNNECESSARY DELAYS.

APPLICANTS MUST TYPE OR PRINT, IN INK, ALL ANSWERS ON ALL FORMS

Please find enclosed:

1. Application for Retail License, Consumption On Premise, Class A (ABCA-192A)
2. Release of Information & Waiver of Confidentiality of Records (ABCA-Lic.RIWCR.2)
3. Alcohol Beverage Control Bond (ABCA-193) and Nonintoxicating Beer Bond (ABCA-194)
4. Floor Plan (ABCA-Lic.FP3), give dimensions of licensed premises
5. Zoning Form (ABCA-Lic.Z.2)

INSTRUCTIONS

All questions and/or descriptions must be answered. The application must be signed and notarized. If any question/description cannot be completed in the available space on the application, please submit additional pages as needed. Be sure to indicate on the additional pages which question applicant is answering (print Entity and DBA Name on the additional pages).

Applications must be completed correctly and all necessary paperwork included when mailed to the ABCA. Failure to do so will result in the application being delayed and/or returned to the applicant for the necessary corrections.

LEASE – Applicants must provide a copy of a valid lease if not the property owner.

LICENSE FEES - License fees must be paid by Certified Check, Cashier's Check, or Money Order. Personal checks, business checks, or cash will not be accepted. Make checks payable to the West Virginia ABCA. If applying for a license after December 31st, the license fee is semi-annually prorated to half the initial fee.

LIVE SCAN FINGERPRINTING – All applicants must complete a Live Scan Fingerprint in order to obtain a valid license. L-1 Identity Solutions/Morpho Trust will provide fingerprinting services for all WVABCA license applications. Appointments are preferred and may be made by calling L-1 at 855-766-7746 or online at L1enrollment.com. The charge for the fingerprinting and

background check is \$45.35. The WVABCA does not pay this fee. Applicants will be required to pay this fee directly to L-1 Identity Solutions/Morpho Trust. When completing the application, please have the fingerprint result report forwarded to: WVABCA, Attention: Licensing Division, 900 Pennsylvania Avenue, 4th Floor, Charleston, WV 25302. Fingerprint result reports MUST be sent to the WVABCA directly from L-1. NO REPORTS WILL BE ACCEPTED DIRECTLY FROM LICENSE APPLICANTS.

BONDS - Applicants must have a \$5,000.00 Alcohol Beverage Control Bond and/or a \$1,000.00 Nonintoxicating Beer Bond completed on the form(s) provided by the ABCA.

HEALTH PERMIT - Applicants must provide a copy of a valid Health Permit issued in applicant's name. (If Association, Limited Liability Company, or Corporation, the Health Permit must be issued in the business entity name.)

WV SECRETARY OF STATE - All Associations, Corporations, Limited Liability Corporations, Non-Profit Clubs, and Fraternal Organizations must be duly certified and registered with the WV Secretary of State. Fraternal Organizations must contact the ABCA Licensing Department for additional requirements.

INSTRUCTIONS FOR SIGNING:

- a. If an individual, by the owner
- b. If a partnership, by each member of the partnership
- c. If an association, by each member of the governing board
- d. If a corporation, by all officers, or by other persons specifically authorized by corporate resolution (copy of resolution must be enclosed)
- e. If a limited liability company, by all members
- f. Manager(s) must sign

All applicants must apply for a "Special Occupation Tax (TTB F 5630.5d)" with the Alcohol and Tobacco Tax and Trade Bureau. Form and instructions are available through download at the following website: <http://www.ttb.gov/forms/5630d.pdf> or by calling the toll-free number at 1-800-937-8864.

BUSINESS CLOSURE – Upon sale or closure of the applicant's business, the license must be returned to the ABCA Licensing Department. The license may not be abandoned, rented, leased, given, loaned, or sold to another.

MAIL COMPLETED APPLICATION, FEES, AND REQUIRED ACCOMPANYING FORMS TO:

West Virginia Alcohol Beverage Control Administration
ATTN: Licensing Division
900 Pennsylvania Avenue, 4th Floor
Charleston, WV 25302

IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE PLEASE CALL THE ADMINISTRATION AT 1-800-642-8208 OR (304) 356-5500 AND ASK FOR THE LICENSING DIVISION.

CHECKLIST OF FORMS/PAPERS TO RETURN TO THE WVABCA, LICENSING DIVISION:

- Application Form
- Release of Information & Waiver of Confidentiality of Records
- Copy of Valid Lease (if not owner)
- License fee(s)
- Alcohol Bond, if Applicable*
- Nonintoxicating Beer Bond
- Floor Plan
- Copy of Valid Health Permit
- Zoning Form Completed by Applicant & Municipality if Within City Limits or,
Zoning Form Completed by Applicant & Letter from County Commission if Outside City Limits

*Bond not required for private wine restaurant license

APPLICATION FOR RETAIL LICENSE
CONSUMPTION "ON PREMISE"
CLASS A
 FOR FISCAL YEAR _____ TO _____

COUNTY: _____

PLEASE CHECK ALL APPROPRIATE BOXES BELOW. BE SURE TO CHECK THE BOX(ES) BESIDE EACH (ALL) OF THE LICENSES FOR WHICH YOU ARE APPLYING.

| | | | |
|--|--|---|--|
| <p align="center">A. LIQUOR APPLICATION</p> <p><input type="checkbox"/> Fraternal Club.....\$900*</p> <p><input type="checkbox"/> Private Club (less than 1000 members)...\$1,150*</p> <p><input type="checkbox"/> Private Club (more than 1000 members)..\$2,650*</p> <p><input type="checkbox"/> Off Premises Wine Sales.....\$100</p> <p align="center">*These fees include liquor, wine, and beer.</p> | <p align="center">B. WINE APPLICATION</p> <p><input type="checkbox"/> Private Wine Restaurant.....\$250</p> <p><input type="checkbox"/> Private Wine Spa.....\$150</p> <p><input type="checkbox"/> Private Wine Bed & Breakfast.....\$150</p> <p><input type="checkbox"/> Off Premises Wine Sales.....\$100</p> <p align="center">These fees do <u>not</u> include liquor or beer.</p> | <p align="center">C. BEER APPLICATION</p> <p><input type="checkbox"/> Tavern, Restaurant, Etc.....\$150</p> <p><input type="checkbox"/> Fraternal.....\$150</p> <p><input type="checkbox"/> Brew Pub.....\$1,000</p> <p align="center">These fees do <u>not</u> include liquor or wine.</p> | <p align="center">D. APPLYING AS: (CHECK ONE)</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Limited Partnership</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Association</p> <p><input type="checkbox"/> Limited Liability Co.</p> <p align="center">Only Associations, Corporations, or Limited Liability Companies may apply for a liquor license.</p> |
|--|--|---|--|

Email: _____ Fax Number: _____ WV TAX I.D./FEIN: _____

1. Licensee/Entity Name: _____

2. Doing Business As (DBA) Name: _____

3. Business Address: _____
 (STREET)

 (CITY) (STATE) (ZIP CODE) (TELEPHONE)

4. Mailing Address (if different): _____
 (STREET)

 (CITY) (STATE) (ZIP CODE) (TELEPHONE)

5. SUPPLY THE FOLLOWING INFORMATION ABOUT OWNER(S) AND/OR OFFICER(S) AND MANAGER(S).

| | NAME | RESIDENCE ADDRESS | % OWNERSHIP | US Citizen ** |
|-------|---------------------|------------------------------|------------------------|--------------------------|
| TITLE | _____ | _____ | _____ | Y / N |
| | DATE OF BIRTH _____ | SOCIAL SECURITY NUMBER _____ | TELEPHONE NUMBER _____ | YRS RESIDENT OF WV _____ |
| TITLE | _____ | _____ | _____ | Y / N |
| | DATE OF BIRTH _____ | SOCIAL SECURITY NUMBER _____ | TELEPHONE NUMBER _____ | YRS RESIDENT OF WV _____ |
| TITLE | _____ | _____ | _____ | Y / N |
| | DATE OF BIRTH _____ | SOCIAL SECURITY NUMBER _____ | TELEPHONE NUMBER _____ | YRS RESIDENT OF WV _____ |
| TITLE | _____ | _____ | _____ | Y / N |
| | DATE OF BIRTH _____ | SOCIAL SECURITY NUMBER _____ | TELEPHONE NUMBER _____ | YRS RESIDENT OF WV _____ |
| TITLE | _____ | _____ | _____ | Y / N |
| | DATE OF BIRTH _____ | SOCIAL SECURITY NUMBER _____ | TELEPHONE NUMBER _____ | YRS RESIDENT OF WV _____ |

**IF A NATURALIZED US CITIZEN, PLEASE ATTACH A WRITTEN EXPLANATION OF WHEN AND WHERE NATURALIZED.

6. CRIMINAL HISTORY-THE FOLLOWING IS A RECORD OF **ALL CONVICTED ARRESTS** OF THE OWNERS, PARTNERS, OFFICERS, DIRECTORS, MEMBERS AND/OR MANAGERS. ALL APPLICANTS WILL BE CHECKED THROUGH THE SECURITY DIVISION AT THE WV LOTTERY. ATTACH ADDITIONAL PAGES IF NECESSARY. **IF THERE HAVE BEEN NO ARRESTS INSERT THE WORD "NONE"**.

| NAME | DATE OF ARREST | CHARGE | DISPOSITION OF ARREST | LOCATION OF COURT (COUNTY & STATE) |
|------|----------------|--------|-----------------------|------------------------------------|
| | | | | |
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7. STATE NAME AND ADDRESS OF ALL PERSONS HAVING TWENTY PERCENT (20%), OR MORE INTEREST IN THE APPLICANTS' CORPORATION, ASSOCIATION, PARTNERSHIP, LIMITED PARTNERSHIP, AND/OR LIMITED LIABILITY COMPANY. STATE THE EXACT PERCENTAGE OF OWNERSHIP INTEREST FOR EACH PERSON LISTED.

| NAME | ADDRESS | SOC. SEC. # | %OWNERSHIP |
|------|---------|-------------|------------|
| | | | |
| | | | |
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| | | | |
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8. HAS ANY OFFICER, MANAGER, OR 20% STOCKHOLDER EVER HELD OR CURRENTLY HOLD A WVABCA LICENSE? YES NO IF YES, WHO? _____

DBA NAME? _____
 WAS THE LICENSE: REVOKED _____ DATE _____
 SUSPENDED _____ DATE _____
 SANCTIONED _____ DATE _____

9. OWNER OF PREMISES TO BE LICENSED (PROPERTY OWNER'S NAME) _____
 IF NOT PROPERTY OWNER, APPLICANT MUST HOLD A VALID LEASE (ATTACH A COPY OF THE LEASE)

10. DOES THIS LOCATION CURRENTLY HAVE AN ABCA LICENSE? YES NO
 IF YES, NAME OF LICENSED ESTABLISHMENT: _____
 LICENSE # _____

11. THE LICENSE APPLIED FOR IS NOT FOR ANY COLLEGE FRATERNITY OR SORORITY AND THE PROPOSED LOCATION OF THE PREMISES HAS NOT BEEN DETERMINED BY LAW TO BE A PUBLIC NUISANCE, EXCEPT AS FOLLOWS:

12. ARE THE APPLICANT'S PREMISES LOCATED:
 A. WITHIN AN INCORPORATED MUNICIPALITY OR WITHIN ONE MILE OF THE CORPORATE LIMITS OF ANY MUNICIPALITY? YES NO
 B. WITHIN ONE MILE OF THE CORPORATE LIMITS OF TWO OR MORE MUNICIPALITIES:
 IF YES, NAME THE MUNICIPALITIES: YES NO
 (1) _____
 (2) _____
 (3) _____

13. LIST THE DISTANCE TO THE NEAREST:

- A. CHURCH _____
- B. SCHOOL _____
- C. RESIDENCE _____
- D. GOVERNMENT OFFICE _____

14. HAS APPLICANT SUBMITTED A "SPECIAL TAX REGISTRATION AND RETURN" APPLICATION TO THE ALCOHOL AND TOBACCO TRADE BUREAU (TTB)? YES NO

15. WILL TOBACCO PRODUCTS BE SOLD AT THIS ESTABLISHMENT? YES NO

16. WILL THERE BE EXOTIC ENTERTAINMENT?
(Only Private Clubs need to answer this question!) YES NO

17. WILL THERE BE LIMITED VIDEO LOTTERY AT YOUR ESTABLISHMENT? YES NO

18. IS THE APPLICANT'S LOCATION READY FOR AN INITIAL INSPECTION? YES NO

IF NO, WHAT IS THE PROJECTED DATE FOR THE INITIAL INSPECTION? _____

The undersigned agree, if a license is issued as herein applied for, to comply at all times and observe all the provisions of West Virginia Code §§ Chapter 11, Article 16 et seq., and Chapter 60, Articles 1 through 8 et seq., and all Federal and State Statutes and all other laws of this State and the rules and regulations promulgated by the Alcohol Beverage Control Administration. I or we certify under penalty of law and disqualification of licensure that all statements are true and complete. I or we release the State of West Virginia and any agent acting on its behalf from any and all liability by reason of the request for such information.

The undersigned hereby verify that we are all officers and all members of the board of directors on the application and that the statements and answers made in the foregoing application are true and the said writing is the act and deed of said Corporation, Limited Liability Company, Association, Individual, Partnership, Limited Partnership. **PRESIDENT, INDIVIDUAL, OR CONTROLLING MEMBER(S) SIGNATURES MUST BE NOTARIZED! MUST MATCH OFFICERS LISTED WITH THE SECRETARY OF STATE. MANAGERS MUST ALSO SIGN.**

PRINT CLEARLY/WITTEN SIGNATURES REQUIRED

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE OF SIGNATURE: _____

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE OF SIGNATURE: _____

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE OF SIGNATURE: _____

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE OF SIGNATURE: _____

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE OF SIGNATURE: _____

State of West Virginia, _____ County, To-Wit:

_____, being first duly sworn

according to law, deposes and says that he/she is _____ of the
President, Individual, or Controlling Member(s)

_____, authorized by law to do business in the State of West Virginia, and that the
Business Entity

statements and answers made in the foregoing application are true and acknowledged the said writing to be the act and deed of said corporation.

(Applicant Signature) _____

STATE OF WEST VIRGINIA,
COUNTY OF _____, to wit:

Sworn to before me and subscribed in my presence this _____ day of _____, _____.

NOTARY PUBLIC

My Commission Expires _____



SEAL OF NOTARY

Applicant/Entity Name: _____

Doing Business As (DBA) Name: _____

WEST VIRGINIA
ALCOHOL BEVERAGE CONTROL ADMINISTRATION

RELEASE OF INFORMATION AND WAIVER OF
CONFIDENTIALITY OF RECORDS

I or we, having made application with the West Virginia Alcohol Beverage Control Administration for issuance of a license to sell alcoholic beverages within the State of West Virginia, hereby waive the benefit of any municipal, county, state, or federal statute, rule, ordinance, regulation or other law prescribing the confidentiality of any records or documents, whether formal or informal, pending or closed, maintained by any public or private agency or organization as those records or documents pertain to residency, business location, business activities, education and/or training, employment, criminal history, civil litigation, or law enforcement investigation.

I or we, hereby authorize and request every public or private agency, organization, or person maintaining such records to furnish to the West Virginia Alcohol Beverage Control Administration, or their agents or representatives, any information contained therein and to permit them to inspect and make copies of such records and documents.

I or we, hereby authorize the West Virginia Alcohol Beverage Control Administration to disclose any information pertaining to the licensure to any municipal, county, state, federal or private agency or organization that has any interest in the licensing of said applicant.

I or we, hereby release the West Virginia Alcohol Beverage Control Administration, their agents and representatives, and any agency, organization, or person furnishing information from all liability arising out of any investigation concerning the applicant. I or we further agree that a copy of this Release and Waiver shall function as an original.

I or we acknowledge that by affixing a signature(s) below gives this document full force, and upon this date all aforementioned information may be received and shared as prescribed.

| Name: Must include owner's, officer's, member's and manager's printed and written signature(s). | Title | Date |
|--|--------------|-------------|
| | | |
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ALCOHOL BEVERAGE CONTROL BOND

THIS BOND MAY BE USED BY AN ASSOCIATION OR CORPORATION

KNOW ALL MEN BY THESE PRESENTS:

That WE, _____

of _____ County, West Virginia, _____

ASSOCIATION

_____ doing business under the firm name

CORPORATION

of _____

as principal, and _____, a corporation authorized to do business in the State of West Virginia, as surety, are held and firmly bound unto the STATE OF WEST VIRGINIA in the full and just sum of Five Thousand Dollars (\$5,000.00), to the payment whereof well and truly to be made, we bind ourselves, our successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION of the above obligation is such that whereas the above bound principal is about to obtain a license in pursuance of the provisions of Article 7, Chapter 60 of the Code of West Virginia, of 1931, as amended and regulations promulgated thereunder by the Commissioner, a LICENSE TO OPERATE A PRIVATE CLUB on the premises described in the application for such license.

NOW, THEREFORE, if the said principal shall faithfully observe the laws of the State of West Virginia, and regulations promulgated thereunder by the Commissioner with respect to the distribution, sale and dispensing of alcoholic liquors, and the operation of a private club, then this obligation to be void; otherwise to remain in full force and effect, and if the license of said principal shall be revoked, then the full amount of this bond shall be forfeited to the State of West Virginia, and said amount when received by the State shall be credited to the state fund, general revenue.

This bond is executed in pursuance of the provisions of said Article 7, Chapter 60 of the Code of West Virginia, of 1931, as amended, and regulations promulgated thereunder by the Commissioner, and the pertinent provisions of said article and regulations are hereby made a part of this bond.

ASSOCIATION APPLICANTS EXECUTE BELOW

IN WITNESS WHEREOF, each owner/member of the principal has hereunto set his hand and affixed his seal, and the said surety has caused its corporate name to be signed hereto and its corporate seal to be hereunto affixed by its official or agent thereunto duly authorized, and this bond is to be effective from the _____ day of _____, _____, to the 30th day of June, _____, unless sooner released by the State of West Virginia or cancelled by the surety after due notice to all parties concerned.

Signed and dated this _____ day of _____, _____

ALL OWNERS MUST SIGN AS PRINCIPALS

PRINCIPAL _____ (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

_____ (SEAL)

SURETY _____ (SEAL)

SURETY CORPORATE SEAL

BY _____

ITS _____ (TITLE)

COUNTERSIGNED BY: _____

WEST VIRGINIA RESIDENT AGENT OF SURETY

CORPORATION APPLICANTS EXECUTE BELOW

IN WITNESS WHEREOF, the said principal and the said surety have caused their respective corporate names to be signed hereto and their respective corporate seals to be hereunto affixed by their respective officials or agent thereunto duly authorized, and this bond is to be effective from the _____ day of _____, _____, to the 30th day of June, _____, unless sooner released by the State of West Virginia or cancelled by the surety after due notice to all parties concerned.

Signed and dated this _____ day of _____, _____

PRINCIPAL CORPORATE SEAL

PRINCIPAL _____ (Seal)

BY _____ (Seal)

SURETY _____ (Seal)

SURETY CORPORATE SEAL

BY _____

ITS _____ (Title)

ASSOCIATION ACKNOWLEDGMENT

STATE OF WEST VIRGINIA,
COUNTY OF _____, To-wit:

I, _____, a Notary Public in and for the county and state aforesaid, do hereby certify that _____, who signed the writing above, or hereto annexed, for _____, an association, on the _____ day of _____, _____, (has) (have) this day in my said county, before me, acknowledged the said writing to be the act and deed of said association.

Given under my hand this _____ day of _____, _____.

NOTARY PUBLIC

My commission expires on the ___ day of _____, _____.

CORPORATIONS - CORPORATION ACKNOWLEDGMENT

STATE OF WEST VIRGINIA,
COUNTY OF _____, To-wit:

I, _____, a Notary Public in and for the county and state aforesaid, do hereby certify that _____, who signed the writing above, or hereto annexed, for _____, a corporation, on the _____ day of _____, _____, (has) (have) this day in my said county, before me, acknowledged the said writing to be the act and deed of said corporation.

Given under my hand this _____ day of _____, _____.

NOTARY PUBLIC

My commission expires on the ___ day of _____, _____.

BONDING COMPANY - CORPORATE ACKNOWLEDGMENT

STATE OF WEST VIRGINIA,
COUNTY OF _____, To-wit:

I, _____, a Notary Public in and for the county and state aforesaid, do hereby certify that _____, who signed the writing above, or hereto annexed, for _____, a corporation, on the _____ day of _____, _____, (has) (have) this day in my said county, before me, acknowledged the said writing to be the act and deed of said corporation.

Given under my hand this _____ day of _____, _____.

NOTARY PUBLIC

My commission expires on the ___ day of _____, _____.

For Fiscal Year _____ to _____

NONINTOXICATING BEER BOND

THIS BOND MAY BE USED BY AN INDIVIDUAL, PARTNERSHIP, ASSOCIATION OR CORPORATION

KNOW ALL MEN BY THESE PRESENTS:

That (I) (we), _____ being _____ / _____
If individual or partnership insert name of people Corporation or association insert name of corporation or association An Individual, Partnership, Corporation, or Association (County)

doing business under the name of _____ / _____
(Mailing Address) (City)

West Virginia, as principal, and _____ a corporation authorized
(Name of corporate surety)

to do business in the State of West Virginia, as surety, are held and firmly bound unto the STATE OF WEST VIRGINIA in the full and just sum of One Thousand Dollars (\$1,000.00), to the payment whereof well and truly to be made, we bind ourselves, our successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION of the above obligation is such that whereas the above bound principal is about to obtain a license in pursuance of the provisions of: Article 16, Chapter 11 of the Code of West Virginia, of 1931, as amended, and regulations promulgated thereunder by the Commissioner, a CLASS A RETAIL DEALER'S LICENSE to sell nonintoxicating beer on the premises described in the application for such license.

NOW, THEREFORE, if the said principal shall faithfully observe the laws of the State of West Virginia, and regulations promulgated thereunder by the Commissioner, with respect to the distribution, sale and dispensing of nonintoxicating beer, then this obligation to be void; otherwise to remain in full force and effect, and if the license of said principal shall be revoked, then the full amount of this bond shall be forfeited to the State of West Virginia, and said amount when received by the State shall be credited to the state fund, general revenue.

This bond is executed in pursuance of the provisions of said Article 16, Chapter 11 of the Code of West Virginia, of 1931, as amended, and regulations promulgated thereunder by the Commissioner, and the pertinent provisions of said articles and regulations are hereby made a part of this bond.

INDIVIDUAL OR PARTNERSHIP APPLICANTS EXECUTE BELOW

IN WITNESS WHEREOF, the said principal(s) (has) (have) hereunto set (his) (their) hand and seal(s), and the said surety has caused its corporate name to be signed hereto and its corporate seal to be hereunto affixed by its official or agent there unto duly authorized, and this bond is to be effective from the _____ day of _____, _____, to the 30th day of June, _____, unless sooner released by the State of West Virginia or cancelled by the surety after due notice to all parties concerned.

Signed and dated this _____ day of _____,

(All Partners Must Sign As Principal)

Surety: _____ Principal: _____ (Seal)

Address: _____ (Seal)

_____ (Seal)

By: _____ Title _____ (Seal)

(SURETY CORPORATE SEAL)

CORPORATE OR ASSOCIATION APPLICANTS EXECUTE BELOW

IN WITNESS WHEREOF, the (said corporate principal) (said association principal) and the said surety have caused their respective names to be signed hereto and their respective seals to be hereunto affixed by their respective officials or agents thereunto authorized, and this bond is to be effective from the _____ day of _____, _____, to the 30th day of June _____, unless sooner released by the State of West Virginia or cancelled by the surety after due notice to all parties concerned.

Signed and dated this _____ day of _____,

Surety: _____

Address: _____

By: _____ (Seal)

Its: _____ (Title)

(SURETY CORPORATE SEAL)

INSTRUCTIONS FOR SIGNING

If Association or Fraternal Club has two owners, all must sign bond as Association

principals. If ownership involves more than two persons, one officer or (owner) can be

empowered to sign on behalf of Association. Corporation must be signed by President

or Vice-President. If any other officer signs, attach corporate resolution or Power of Attorney

permitting him to bind corporation.

Association _____ (Seal)

_____ (Seal)

_____ (Seal)

Principals: _____ (Seal)

Corporate Name: _____

By: _____ (Seal)

Its: _____ Title

| |
|-----------------------|
| Resident Agent: _____ |
| Address: _____ |
| Phone No: _____ |

Note: No. 1 -To be completed by Notary Public for an Individual or Partnership.
No. 2 -To be completed by Notary Public for a Corporation or an Association.
No. 3 -To be completed by Notary Public for Bonding Company Signature.

Power of Attorney should be attached and dated, notarized same day as issuance of bond.

NO. 1 - INDIVIDUAL OR PARTNERSHIP ACKNOWLEDGMENT

STATE OF WEST VIRGINIA,

COUNTY OF _____, To-wit:

I, _____, a Notary Public in and for the county and state aforesaid, do hereby certify that _____, whose name(s) (is) (are) signed to the writing above or hereto annexed, bearing date on the _____ day of _____, _____, (has) (have) this day acknowledged the same before me in my said county.

Given under my hand this _____ day of _____, _____.

Notary Public
My Commission expires on the _____ day of _____, _____.

NO. 2- CORPORATION OR ASSOCIATION ACKNOWLEDGMENT

STATE OF WEST VIRGINIA,

COUNTY OF _____, To-wit:

I, _____, a Notary Public in and for the county and state aforesaid, do hereby certify that _____, who signed the writing above, or hereto annexed, for _____, (a corporation) (an association), bearing date on the _____ day of _____, _____, (has) (have) this day in my said county, before me, acknowledged the said writing to be the act and deed of said (corporation) (association).

Given under my hand this _____ day of _____, _____.

Notary Public
My commission expires on the _____ day of _____, _____.

NO. 3-BONDING COMPANY - CORPORATE ACKNOWLEDGMENT (For Individual Signing For Surety)

STATE OF WEST VIRGINIA,

COUNTY OF _____, To-wit:

I, _____, a Notary Public in and for the county and state aforesaid, do hereby certify that _____, who signed to the writing above, or hereto annexed for _____, a corporation, bearing date on the _____ day of _____, _____, (has) (have) this day in my said county, before me, acknowledged the said writing to be the act and deed of said corporation.

Given under my hand this _____ day of _____, _____.

Notary Public
My commission expires on the _____ day of _____, _____.

West Virginia Alcohol Beverage Control Administration

Floor Plan

License period: _____ - _____

Applicant Entity Name: _____

Doing Business As (DBA) Name: _____

County: _____

Floor plan **must** include **all areas under the control or lease of the applicant** where alcohol is to be stored, sold or consumed. All areas under control or lease of the licensee must be licensed.

Submit (1) copy to ABCA.

(Give Dimensions)

Keep (1) copy at licensed premises.



***If there are attached drawings please check: _____ (additional drawings must be signed).**

***Complete information on reverse side of form.**

ZONING FORM

(Original copy must be submitted to the WVABCA Licensing Division)

Note: If an establishment's location is not situated within a municipality, this office will need a letter from the County Commission stating that the establishment location is zoned properly. All applicants must complete the obverse (front) portion of this form.

To: Municipal Clerk or Recorder

Under the requirements set forth in 60-7-4a and/or 11-16-8(a)(5) of the W. Va. State Code, a person intending to apply for a license to operate an ABCA licensed Private Club, Private Wine Restaurant or Tavern at any location within a municipality **must file a notice of such intention with the Clerk or Recorder of such municipality at least ten (10) days prior** to filing an application for such license with the Alcohol Beverage Control Administration. Pursuant to this requirement, **notice** is herein given that the following intends to apply to the WV ABCA for a license to operate a Private Club, Private Wine Restaurant, Private Wine Bed and Breakfast, Private Wine Spa, or Tavern issued pursuant to the provisions of §§ Chapter 60, Article 7 and Article 8 and/or Chapter 11, Article 16 of the W. Va. State Code.

Entity Name: _____

DBA (Doing Business As): _____

Address of Establishment: _____
(Street/Route) (City) (State) (Zip Code)

Applicant's Name(s): _____
(Last) (First) (Middle)

(Last) (First) (Middle)

General Description of Premises: _____

Food Services to be Offered: _____

Patron Capacity: _____

This Notice has been filed with the Clerk or Recorder of the City/Town of _____ on this _____ day of _____, _____.

Applicant's Signature(s): _____ Date: _____

_____ Date: _____

